



Medical Benefit Description		Plan A	Plan B	Plan C
Annual deductible:	Single In-Network	\$400	\$800	\$2,000
	Family In-Network	\$800	\$1,600	\$4,000
	Out-of-Network	\$1,600	\$3,200	\$8,000
Annual out-of-pocket maximum:	Single In-Network	\$2,000	\$2,500	\$3,000
	Family In-Network	\$4,000	\$5,000	\$6,000
	Out-of-Network	\$8,000	\$10,000	\$12,000
Annual Benefit Maximum		\$200,000	\$200,000	\$200,000
Lifetime Benefit Maximum		\$1,000,000	\$1,000,000	\$1,000,000

Prescription Drug Benefit Description		Plan A	Plan B	Plan C
Deductible:	Individual	\$200	\$400	\$1,000
	Family	\$400	\$800	\$2,000
Generic	In-Network	\$5		
	Out-of-Network	\$5 + \$3 Out-of-Network copay		
Formulary brand necessary	In-Network	\$15		
	Out-of-Network	\$15 + \$3 Out-of-Network copay		
Brand requested by patient	In-Network	\$5 + full cost difference from generic		
	Out-of-Network	\$5 + \$3 Out-of-Network copay + full cost difference from generic		
Non-Formulary	In-Network	\$30		
	Out-of-Network	\$30 + \$3 Out-of-Network copay		
Maintenance medication discount	In-Network	90-day supply for 2 months copay in mail order program or RMN*		
	Out-of-Network	No discount available		
Annual benefit max		\$25,000	\$25,000	\$25,000
Out-of-pocket maximum	Individual	\$2,000	\$2,000	\$2,000
	Family	\$4,000	\$4,000	\$4,000
Other details		Preferred drug list with mandatory generics		

AccessWV Summary of Benefits – Partial Listing of Covered Services

Physician Services		In-Network, WV	In-Network, Non-WV	Out-of-Network
Adult routine physical exams (including prostate & gynecological, with pap smear)		\$10 Copay for office visit only	30% coinsurance	40% coinsurance
		20% coinsurance	30% coinsurance	40% coinsurance
Diagnostic x-ray, lab and testing		Covered in full	30% coinsurance	40% coinsurance
Mammograms (screening once annually)		20% coinsurance	30% coinsurance	40% coinsurance
Physician inpatient visits		\$15 copay per visit with no deductible	30% coinsurance	40% coinsurance
Physician office visits – primary care		\$15 copay per visit with no deductible	30% coinsurance	40% coinsurance
Physician office visits – specialty care		Covered in full	30% coinsurance	40% coinsurance
Prenatal care		Covered in full	30% coinsurance	40% coinsurance
Second surgical		\$15 copay (no copay if required by Acordia)	30% coinsurance	40% coinsurance
Well child exams		Covered in full	Covered in full	Covered in full
Well child immunizations (birth to 16 yo)		Covered in full	Covered in full	Covered in full

Inpatient Services		In-Network, WV	In-Network, Non-WV	Out-of-Network
Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care		20% coinsurance	30% coinsurance	\$500 copay + deductible + 40% coinsurance
		20% coinsurance (see Outpatient Therapies)	30% coinsurance	\$500 copay + deductible + 40% coinsurance
Inpatient occupational, physical, or speech therapy		20% coinsurance	30% coinsurance	\$500 copay + deductible + 40% coinsurance
Maternity care (delivery)		20% coinsurance	30% coinsurance	\$500 copay + deductible + 40% coinsurance
Rehabilitation		20% coinsurance	30% coinsurance	\$500 copay + deductible + 40% coinsurance
Skilled nursing		20% coinsurance	30% coinsurance	\$500 copay + deductible + 40% coinsurance

Hospital Outpatient Services		In-Network, WV	In-Network, Non-WV	Out-of-Network
Ambulatory/outpatient surgery		\$50 copay + 20% coinsurance	\$75 copay + 30% coinsurance	\$100 copay + 40% coinsurance
		20% coinsurance	30% coinsurance	40% coinsurance
Preadmission testing				

Mental Health & Chemical Dependency Benefits		In-Network, WV	In-Network, Non-WV	Out-of-Network
Outpatient chemical dependency & mental health		20% coinsurance; 20 visits per member per plan per year limit	30% coinsurance; 20 visits per member per plan per year limit	40% coinsurance; 20 visits per member per plan per year limit
		20% coinsurance; 20 visits per member per plan per year limit	30% coinsurance; 20 visits per member per plan per year limit	40% coinsurance; 20 visits per member per plan per year limit
Outpatient mental health		20% coinsurance	30% coinsurance	\$500 copay + deductible + 40% coinsurance
Inpatient mental health and chemical dependency (including partial hospitalization)		20% coinsurance	30% coinsurance	\$500 copay + deductible + 40% coinsurance
Inpatient detoxification		20% coinsurance	30% coinsurance	\$500 copay + deductible + 40% coinsurance

Note: Some enrollees will be subject to a 6-month pre-existing condition waiting period before claims for services related to their health condition will be paid by the plan.

AccessWV Summary of Benefits – Partial Listing of Covered Services

Outpatient Therapies	In-Network, WV	In-Network, Non WV	Out-of-Network
Acupuncture	20% coinsurance	30% coinsurance	40% coinsurance
Chiropractic	20% coinsurance	30% coinsurance	40% coinsurance
Occupational therapy	20% coinsurance	30% coinsurance	40% coinsurance
Physical therapy	20% coinsurance	30% coinsurance	40% coinsurance
Speech therapy	20% coinsurance	30% coinsurance	40% coinsurance

Other Medical Services	In-Network, WV	In-Network, Non WV	Out-of-Network
Allergy testing and treatment	20% coinsurance	30% coinsurance	40% coinsurance
Cardiac rehabilitation	20% coinsurance	30% coinsurance	40% coinsurance
Dental services – accident related	20% coinsurance	30% coinsurance	40% coinsurance
Dental services	Coverage for impacted teeth only; 20% coinsurance	Coverage for impacted teeth only; 30% coinsurance	Coverage for impacted teeth only; 40% coinsurance
Diabetic supplies	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan
Durable Medical Equipment (DME)	20% coinsurance	30% coinsurance	40% coinsurance
Emergency ambulance (Medically necessary)	20% coinsurance	30% coinsurance	40% coinsurance
Emergency room treatment (Non-emergency)	\$50 copay + deductible + 20% coinsurance	\$50 copay + deductible + 30% coinsurance	\$50 copay + deductible + 40% coinsurance
Emergency services (Including supplies)	\$25 copay + deductible + 20% coinsurance when certified as emergency	\$25 copay + deductible + 20% coinsurance when certified as emergency	\$25 copay + deductible + 20% coinsurance when certified as emergency
Growth hormone	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan
Hearing exam	Covered under well child benefit only	Covered under well child benefit only	Covered under well child benefit only
Home health services	20% coinsurance	30% coinsurance	40% coinsurance
Home health supplies	20% coinsurance	30% coinsurance	40% coinsurance
Hospice	20% coinsurance	30% coinsurance	40% coinsurance
Infertility services (medical only)	20% coinsurance	30% coinsurance	40% coinsurance
Artificial methods of treatment not covered	no prescription coverage	no prescription coverage	no prescription coverage
Medical supplies	20% coinsurance	30% coinsurance	40% coinsurance
Prosthetics	20% coinsurance	30% coinsurance	40% coinsurance
Pulmonary rehabilitation	20% coinsurance	30% coinsurance	40% coinsurance
Radiation and chemotherapy	20% coinsurance	30% coinsurance	40% coinsurance
TMJ	Not covered	Not covered	Not covered
Transplants	20% coins. + \$5,000 for family transp. and lodging	30% coins. + \$7,500 deduct; no benefit for family transp. or lodging	40% coins. + \$10,000 deduct; no benefit for family transp. or lodging
<i>Note: In-Network, WV benefits apply if Lifetrack Network is used</i>			
Urgent care	20% coinsurance	30% coinsurance	40% coinsurance

Note: Some enrollees will be subject to a 6-month pre-existing condition waiting period before claims for services related to their health condition will be paid by the plan.

This is a summary of benefits provided by AccessWV and other limitations of coverage apply. Please refer to the Certificate of Coverage on our website for more details.



SUMMARY OF BENEFITS



Offering individual health insurance coverage to West Virginian’s who have pre-existing, severe or chronic medical conditions.

